ABSTRACT

Background:

Many surgical techniques have been proposed for the correction of root exposure. Among these the Connective Tissue Graft (CTG) techniques has been reported as offering the best results in terms of Root coverage (RC). However CTG require a second surgical site to harvest the graft, resulting in discomfort for the patient. The use of platelet concentrate (PRF) avoids need for second surgical site, and is enriched with growth factors.

Aim:

The aim of the present study to compare and clinically evaluate Bilaminar technique using Connective Tissue Graft (CTG) and Platelet Rich Fibrin (PRF) in the management of multiple Miller’s class I gingival recession situations.

Materials & Methods:

Twenty patients (age group 18-40 years) were selected from the outpatient department of Periodontics , Ragas Dental college & Hospital, Chennai-119, with probing depth <3mm and seeking treatment for Miller’s class I multiple gingival recessions were enrolled into this study. The selected patients were randomly assigned to one of either group. Group-A (TEST group) using Platelet Rich Fibrin and Group-B (CONTROL group) using
connective tissue graft. All the patients were treated with Bilaminar technique. Baseline to 3 months and 6 months post-surgery following parameters were recorded, Probing depth, Relative clinical attachment level, Recession depth, Width of keratinised gingiva, and Gingival phenotype. The data were statistically analysed and the significance were co-related.

**Results:**

Mean Recession depth, Relative clinical attachment loss and Probing depth were reduced in both the groups, but between groups it was statistically significant towards control group, from baseline to 6 months’ time period. There is no any significant relation between and within groups in regarding Width of keratinised gingiva. But the gingival phenotype showed statistically significant difference between and within groups.

**Conclusion:**

From the above study, it was elicited that PRF was not able to achieve predictable root coverage; only increasing in gingival biotype is seen. Thus in spite of limitations CTG remains the *GOLD STANDARD*, in recession coverage.